

Attorney Docket No.

Patent 32751-027

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP AF

់ត្រី re Patent Application of

Jean-Marc BALLOUL et al.

Application No.: 09/506,942

Filing Date:

February 18, 2000

INFECTION

Group Art Unit: 1648

Examiner: SHANON A FOLEY

Confirmation No.: 9626

Title: PHARMACEUTICAL COMPOSITION FOR TREATING PAPILLOMAVIRUS TUMORS AND

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enc	losed is a reply for the above-identified patent application.									
A Petition for Extension of Time is also enclosed.										
	Terminal Disclaimer(s) and the \$\Bigsigmu\$\$ \$65.00 (2814) \$\Bigsigmu\$\$ \$130.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.									
X	Also enclosed is/are Notice of Appeal.									
	Small entity status is hereby claimed.									
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the									
	☐ \$395.00 (2801) ☐ \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).									
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.									
	Applicant(s) previously submitted									
	on,									
	for which continued examination is requested.									
	Applicant(s) requests suspension of action by the Office until at least ,									
	which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.									
П	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also									
L	enclosed.									

Attorney Docket No. 032751-027

Application No. <u>09/506,942</u>

No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below.

		A	MEND	ED CLAIMS				
	No. of Claims	Highes of Cla Previo Paid	ims usly	Extra Claims		Rat	te	Additional Fee
Total Claims	23	MINUS	48 =	0	×	\$50.00	(1202) =	\$ 0.00
Independent Claims	3	MINUS	3 =	0	×	\$200.00	(1201) =	\$ 0.00
If Amendment adds n	nultiple depen	dent claim	s, add \$	360.00 (1203)				_
Total Claim Amendment Fee						\$ 0.00		
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee						\$ 0.00		
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT							\$ 0.00	

Ш	A check	in the amount	of is enclosed for the fee due.
X	Charge	\$ 1,020.00	to Deposit Account No. 02-4800.
	Charge		to credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: June 28, 2005

Зу

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